



**Committee for the Evaluation of Communication Disorders Study  
Programs**

**University of Haifa**  
**Department of Communication Disorders & Sciences**  
Evaluation Report

**December 2011**

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## **Chapter 1- Background**

At its meeting on July 14, 2009, the Council for Higher Education (CHE) decided to evaluate study programs in the field of Communication Disorders during the academic year 2010 – 2011.

Following the decision of the CHE, the Minister of Education, who serves ex officio as Chairperson of the CHE, appointed a Committee consisting of:

- Prof. Jaclyn Spitzer, Department of Otolaryngology, Head / Neck Surgery, Columbia University, USA – Committee Chair
- Prof. Deena Bernstein, Speech-Language-Hearing Sciences, Lehman College, the City University of New York, USA
- Prof. Miriam Faust, Department of Psychology & The Gonda Multidisciplinary Brain Research Center, Bar -Ilan University, Israel
- Prof. Brooke Hollowell, Communication Sciences and Disorders, College of Health Sciences and Professions, Ohio University, USA
- Prof. Rosemary Lubinski, Department of Communicative Disorders & Sciences, University of Buffalo, USA

***Ms. Yael Franks*** - Coordinator of the Committee on behalf of the CHE.

Within the framework of its activity, the Committee was requested to:<sup>1</sup>

1. Examine the self-evaluation reports, submitted by the institutions that provide study programs in Communication Disorders, and to conduct on-site visits at those institutions.
2. Submit to the CHE an individual report on each of the evaluated academic units and study programs, including the Committee's findings and recommendations.
3. Submit to the CHE a general report regarding the examined field of study within the Israeli system of higher education including recommendations for standards in the evaluated field of study.

The entire process was conducted in accordance with the CHE's Guidelines for Self-Evaluation (of October 2009).

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<sup>1</sup> The Committee's letter of appointment is attached as **Appendix 1**.

## **Chapter 2-Committee Procedures**

The Committee held its first meetings on May 11, 2011, during which it discussed fundamental issues concerning higher education in Israel, the quality assessment activity, as well as Communication Disorders Study programs.

In May 2011, the Committee held its visits of evaluation, and visited the Hadassah Academic College Jerusalem, University of Haifa and the Tel Aviv University. During the visits, the Committee met with various stakeholders at the institutions, including management, faculty, staff, and students.

This report deals with the Department of Communication Disorders & Sciences at the University of Haifa. The Committee's visit to the University of Haifa took place on May 16-17, 2011.

The schedule of the visit is attached as **Appendix 2**.

The Committee thanks the management of the University of Haifa and the Department of Communication Disorders & Sciences for their self-evaluation report and for their hospitality towards the Committee during its visit at the institution.

### **Chapter 3: Evaluation of Communication Disorders & Sciences Program at the University of Haifa**

*This Report relates to the situation current at the time of the visit to the institution, and does not take account of any subsequent changes. The Report records the conclusions reached by the Evaluation Committee based on the documentation provided by the institution, information gained through interviews, discussion and observation as well as other information available to the Committee.*

#### **1. Preface**

The Department of Communication Sciences and Disorders is the youngest department in the Faculty of Social Welfare and Health Sciences at the University of Haifa. The department is authorized to grant MA degrees since 2010. Only the BA program was evaluated by this committee.

#### **2. Mission and Goals**

The department's three-fold mission, as stated in the self-evaluation report (SER) is to:

- a. Provide a "first rate" education to students so that after graduating, they meet the requirements of all employers in the health and education sector;
- b. Advance basic and clinical research in Communication Sciences and Disorders;
- c. Serve the general and professional communities.

##### **Education:**

While students, employers, and alumni were satisfied with the quality of education provided by the department, the self-study report and discussions with key personnel made it clear that there are important concerns to be addressed. Representatives of the department believe that, going forward, the department faces challenges in the education of its BA students, especially when compared to other countries in which the minimum entry level for clinical practice is an MA degree or higher.

In consideration of the challenges of preparing students to work as competent professionals in communication disorders, the faculty provided two scenarios for the future:

- a. A Bachelor's degree with two tracks: a common core of courses in the first one and one-half to two years for both audiology and speech-language pathology, and then for the next one and one-half to two years separate and specific courses and clinical practicum in either area: speech- language pathology, or audiology; or
- b. Entry to the practice only after a Master's degree.

It is recommended that the CHE look seriously at the models presented by the University of Haifa. In addition, as noted in the general report (and further in this report), the Ministry of Health (MOH) and the CHE together with the institutions, should revise the education and the clinical requirements necessary for the licensure of professionals in audiology and speech-language pathology.

Providing a “first rate education” requires faculty. It was abundantly clear to the committee that the University must allocate resources for the recruitment of faculty, especially those on a clinical track. While the department effectively uses part-time faculty and adjuncts, quality education can only be obtained when full-time faculty are recruited and fully invested in the department in which they teach.

**Research:**

In the area of research, the department is fulfilling its stated mission. There is strong collaboration with international academic institutions, and faculty members publish in high quality journals. Because of the nature of the research being done, the University must insure that all equipment is maintained and updated. It should also invest in providing teaching assistants (TAs) to Primary Investigators (PIs) who obtain grants. Teaching assistants will help relieve investigators of some of their teaching and administrative responsibilities.

**Service:**

The department’s mission to serve the general and professional community was evident in the report and in interviews. The department has a large number of Arab minority students, contributes personnel for the delivery of services to the underserved population in Northern Israel, and provides continuing education (via the Interdisciplinary Clinical Center, and the University Unit for Continuing Education). In addition, it evaluates and treats individuals with communication disorders in Haifa and its surrounding areas through its Speech, Language and Communication Clinic and in the Audiology and Neurophysiology Clinic.

**3. Study Programs**

The 120-credit, 3.5-year BA program is considered intense by all constituents. The BA program focuses on preparing students in both audiology and speech-language pathology. In addition, the recent initiation of licensure at the national level requires 1000 hours of practicum across both professional areas and passing the MOH's licensure exam prior to any professional work. Despite preparation in audiology and speech-language pathology, the faculty and students concur that the vast majority of graduates practice only in speech-language pathology.

Year 1 is concentrated on basic science course work, observation of audiology practicum, and observation of kindergarten children as part of the speech-language pathology practicum. Year 2 includes more clinically focused coursework in both areas, in addition to statistics, while practicum for audiology involves hearing tests on peers. Observation in clients’ homes as part of the Learning with Families

program constitutes the speech-language pathology practicum. In Year 3 students continue clinical coursework and engage in audiology practicum in the audiology clinics, hospitals, and with simulation programs. Speech-language pathology practicum is focused on pediatrics and continues in year 3.5 with more complex disorders. Practicum with adults with aphasia is limited, and some students do not gain any experience in acquired neurogenic speech and language disorders.

Students, alumni, clinical supervisors, and employers express concern that some of the coursework is too basic. The committee was also concerned that while the theoretical knowledge base is strong, there should be more emphasis on clinical methods across courses. Specific areas include articulation, voice, cochlear implants, swallowing, hearing aids, and the emotional/psychological component of communication disorders. Surveys of audiology employers conducted by the department indicate that students need greater knowledge and skills in these areas in order to begin professional practice. There is also a need for faculty members who can speak Arabic and address the content areas relevant to clinical practice with this population of students and clients.

Despite the heavy academic and clinical load, students achieve very high grades. While some courses include evaluation of essays or projects, many instructors base the majority of the grade on multiple-choice final examinations. The reasons for this style of assessment as reported to the committee include that: the university mandates that grades be published within 10 days of the exam; multiple choice exams may be easier for Arabic speakers; and there is a lack of teaching assistants to help grade open-ended examinations. Faculty members are aware of potential grade inflation, but they also insist that student performance is of high quality overall. It should also be noted that some assignments (e.g., third-year research projects) are done in pairs, because of the large number of students and the heavy work load for students and faculty.

There has been discussion in the department about innovations in the program of study. Several options are being considered. One option is to create two specialized tracks, one in speech-language pathology and the other audiology. Discussion has also focused on moving the clinical training to the graduate level after students have completed pre-professional and theoretical bases at the undergraduate level. Another option that might be considered is extending the current program to four full years. It should be noted that these ideas received a mixed review from current students and alumni, with some readily receptive to an extended program and others adamant that they wanted to begin their careers as soon as possible, with the justification that they could learn on the job.

**Recommendations:**

- **Specialization Tracks:** As explained in the report - discussion should begin immediately about restructuring the program. Please see the General report for further details.

- **Coursework Review:** Faculty, current students, and possibly alumni and employers that are willing to assist, should immediately review coursework to ensure that all coursework contains sufficient and current clinically relevant information. The audiology coursework and practicum should be reviewed and updated so that students are prepared to practice independently in this area upon graduation.
- **External Practicum:** There is an immediate need for more external clinical placements to provide experience with adults with neurogenic disorders and with Arabic speaking clients. Collaboration with other communication disorders and sciences programs may facilitate this problem. (See Practicum section, below.)
- **Examination Style:** Faculty should be encouraged to use a variety of formative and summative assessment methods and not rely so heavily on multiple-choice final examinations. Consideration should also be given to the number of group projects to ensure that all students have individual evaluations of their work. This may be difficult in large classes that do not have teaching assistants.
- **Documentation:** Practicum hours should be delineated in detail for each student immediately. Definition of hours as direct individual diagnostic or treatment will help faculty and students understand the depth of training provided in both speech-language pathology and audiology. At the very least, hours should be documented by semester and cumulatively. The following chart is an example for one way of doing this.

**Summary of Clinical Hours**

|                          | Pediatric   |                   |              |  | Adult       |                   |              |
|--------------------------|-------------|-------------------|--------------|--|-------------|-------------------|--------------|
|                          | Observation | Direct Individual | Direct Group |  | Observation | Direct Individual | Direct Group |
| <b><u>Diagnostic</u></b> |             |                   |              |  |             |                   |              |
| Hearing                  |             |                   |              |  |             |                   |              |
| Speech-Language          |             |                   |              |  |             |                   |              |
| Total                    |             |                   |              |  |             |                   |              |
| <b><u>Therapy</u></b>    |             |                   |              |  |             |                   |              |
| Speech-Language          |             |                   |              |  |             |                   |              |
| Hearing                  |             |                   |              |  |             |                   |              |
| Total                    |             |                   |              |  |             |                   |              |
| <b><u>Counseling</u></b> |             |                   |              |  |             |                   |              |
| <b>Other</b><br>(define) |             |                   |              |  |             |                   |              |
| Total                    |             |                   |              |  |             |                   |              |
| <b><u>Total</u></b>      |             |                   |              |  |             |                   |              |

#### **4. Organization**

The department's faculty appears to be engaged in shared governance, and faculty members report that they meet regularly as a group with the Head of the department. Most faculty members participate in one or more departmental committees. Adjunct faculty members do not attend faculty meetings but report that they do feel included in the network of the department's personnel. Staff, students, and higher administrators consistently report a positive climate within the department. The Head of the department is included in ongoing consultations with the dean.

Strategic planning has been reportedly hampered by unpredictable budget cuts and a seeming lack of transparency about budgetary decisions made at the level of the higher administration. Given that there have been significant changes in higher administrative personnel in the past year this problem may be addressed through new leaders who promise greater consultation with the department's director.

#### **Recommendation:**

- Improve communication between university administration and the department. Engage the administration meaningfully in continued self-assessment, strategic planning, and programmatic improvement.

#### **5. Teaching and Learning Outcomes**

The program demonstrates a multifaceted assessment program that entails solid evaluation strategies of clinical supervision and student clinical performance, alumni interviews, and surveys of employers of graduates. Assessment of student competencies in audiology appears to be more developed than they are in speech-language pathology, as indicated in the nature of the clinical performance assessment instruments. The evaluation for speech-language pathology has a clear pediatric focus (e.g., with comments on choosing books, toys and games). Further work to amplify formative evaluation of speech-language practicum performance is in order.

The program has implemented a thorough and strategic survey of alumni with an impressive response rate (reportedly 98% of undergraduate program graduates over the five prior years). Given that results are recent, it is not yet clear how they will be implemented in terms of informing programmatic improvements. There is ample evidence of positive professional success and positive reflections on the program among alumni. At the same time there is clear feedback from graduates that improvements in clinical education are needed, especially in audiology. Results from surveys of employers of recent graduates indicate strong appreciation for the program's effectiveness. A review of employer survey results and course syllabi indicates a need to enhance student learning in hearing science, adult language, traumatic brain injury, dysphagia, stuttering, and work with elderly populations. Interviews with clinical supervisors indicate a dire lack of clinical practicum experience in key areas. Strategic assessment of the distribution of clinical hours

into critical areas of competence would help to better inform programmatic changes to address unmet clinical education needs.

Grade inflation is noted as a serious problem. A preponderance of high grades suggests a lack of rigor and discriminating power in the student grading system. Grades are commonly determined through multiple-choice examinations, and there is a heavy focus on final examinations in calculating grades. Faculty members report that they have been encouraged to give more exams and writing assignments; it does not appear, however, that many have implemented this suggestion.

The lack of teaching assistants may play a role in the types of exams that are given; there is no support for grading such large numbers of students. Heavy weighting (over 60% of course grades) is not indicative of formative assessment of individual student learning throughout a course. In addition, it does not ensure engaged learning or orientation to diverse learning styles nor active integration of course content. Students appropriately note a major focus on final examination grades and a lack of consideration of many of their efforts throughout the course in the way they are evaluated.

Few syllabi (13% of those for which we could make a clear evaluation of this) include course objectives; none specify measureable learning outcomes with the corresponding means of assessment and performance criteria. Lecturing is as the most common means of disseminating course content. There is little solid evidence of instructors adapting teaching modes and ensuring active learning methods appropriate for diverse learning styles and varied course content.

A department-wide focus on multiculturalism in course work is described in the report, but such a focus is not reflected in the content of course syllabi. Also, it is not clear that the initiatives to infuse evidence-based practice or multiculturalism into the curriculum have been assessed programmatically.

The entire university uses the same teaching evaluation form, and tailored questions for specific courses are not included. It would be desirable to pose additional questions to students to acquire more details about specific aspects of courses and teaching/learning methods that may be especially helpful within the department.

The program is commended for solid initiatives in assessment of clinical supervision, clinical performance, and alumni and employer perceptions. Overall, the program would benefit from more shared reading and discussion of literature on educational outcomes and student mentoring and related evaluation literature, and taking an active part in international forums enhancing pedagogy and assessment in CSD. As the program continues to mature, it will be important for the faculty to enhance its multifaceted formative and summative assessment program, to monitor program quality, and to shape ongoing program modifications.

Faculty and students commented that offering elective courses would be desirable. Nonetheless, there are some areas that appear to be under-addressed in the curriculum, including swallowing and feeding, voice and laryngectomy care, pediatric audiology, aural rehabilitation, stuttering, and hearing aids.

**Recommendation:**

- Address unrepresented areas in curriculum, including swallowing and feeding, voice and laryngectomy care, pediatric audiology, aural rehabilitation, stuttering, and hearing aids.
- Consider using a department-based evaluation form in addition to or in place of current evaluation.
- The administration should provide support for teaching assistants across classes or reduce the number of students admitted each year.

**6. Practicum Sites**

There is a crisis in the program's ability to arrange suitable practicum experiences for the students. The crisis derives from several factors:

a. Competition with existing accredited and new as yet unaccredited communication disorders programs. Two new programs (that were not evaluated by the committee) have increased the competition for limited slots. It seems that one aspect of the competition is that one of the programs in a private college is offering higher compensation to the practicum sites than is possible in the public universities or colleges. Thus, the established program reports having difficulty maintaining its relationships with practicum sites that accept students from a competitor due to higher compensation.

b. The dispersion of suitable practicum sites is uneven across Israel. The concentration is higher in the central areas than in either the north or south of the country.

c. Quality control of the practicum sites is uncertain. Except for a very basic form the students and/or supervisors at the practicum sites complete and hand back to the students, there is no mechanism for ensuring the quality of a student's experiences nor the types of clinical experiences they gain.

d. Opportunities for experiences with some disorders and patient populations are very limited. For example, experience with patients with aphasia or autism is scarce. Experiences are far more frequent with pediatric compared to adult or geriatric clients; competencies with children tend to be better developed than for adults. There is also a lack of adult neurologic placements in the general Haifa region. Thus, not all students gain clinical experience with this population.

e. For students with special needs or whose native language is not Hebrew, the availability of suitable supervisory staff is limited. For example, the availability of Arabic speaking supervisors and faculty is limited, as are materials for clinical practice in that language.

f. At the University of Haifa, clinical practica typically entail multiple students assigned to a single site. This reduces greatly the hands-on experience that any one student receives.

g. Audiology practicum at external sites appears not to be equally available for all students.

**Recommendations:**

- An analysis of the practicum site availability problem is presented in a general report to the CHE. It is necessary that this problem be confronted in a unified approach across programs. The best scenario would include the accredited and non-accredited programs coming to an agreement concerning solutions that are reasonable for all parties.
- Consider selective use of private venues for student placement. If the quality of a private hospitals/medical practices or private practices can be verified, then such placements should be considered.
- Increase access to governmental agencies, such as autism centers. This would extend the types of exposure for the students.

**7. Students**

The Bachelor's program attracts eager and motivated students who meet high academic and interview criteria for admission. Students are described as mature, competitive, efficient, and of very good quality overall. Approximately five slots are reserved each year for applicants with special needs, and affirmative action is enforced for students from diverse ethnic backgrounds. About 25 percent of the students are native Arabic speakers. In 2010 there were 183 students in the department, a growth of about 30 percent in the past five years. From 2006 to 2010, 20 students dropped out of the program after their first or second year, averaging about 4 students per academic year.

Students appreciate the supportive milieu of departmental faculty during their program. Students comment, in particular, that faculty members are available to answer questions, work is reviewed in class, the program can be extended if needed, and that help is available for Arabic speaking students. Students also value the fact that they are encouraged to do research.

Current students and alumni are aware that some content areas are too basic and not intensive enough. Examples include a lack of practicum placements with adults, particularly those who have aphasia, a need for greater depth in audiology coursework and audiological instrumentation, a lack of focus on the emotional aspects of communication disorders, and a need for more emphasis on clinical methods across courses.

**Recommendation:**

- The number of admitted/enrolled students should be capped or reduced to maintain a comfortable class size and opportunities for individual practicum placements and supervision. The increasing number of students places a burden on faculty members who have heavy teaching loads and no teaching assistants. The large enrollment also encourages more group rather than individual work on projects, thus limiting individual evaluation of student work. Large student enrollment also increases the need for more practicum placements and supervisors, both within the college clinic and at outside practicum placements. This is especially problematic in light of competition for external placement sites in the area. A limit on enrollment should be immediate and enforced until there is a significant opening in the number of available practicum sites and there is a commensurate increase in faculty to handle the teaching and supervision loads.

**8. Human Resources**

The faculty is highly motivated and qualified. Many faculty members are actively involved in research, publishing and succeeding in getting competitive research grants. Faculty members, however, are heavily loaded with research, teaching, and clinical and supervision obligations. The number of faculty members in the regular academic track is low (6.75 full time faculty members in the research track). The faculty workload is too great and does not allow for sufficient research along with quality teaching and, in many cases, clinical supervision.

**Recommendations:**

- Several faculty members are urgently needed. Some of the research and teaching specializations that are especially lacking include audiology (most urgent, as perceived by the chair of the department), pervasive developmental disorders (PDD) and autism, swallowing, stuttering, and neurogenic disorders. In addition, the program needs an Arabic speaking faculty member since many students in the program are native Arabic speakers and the clinical teaching program includes large Arabic speaking populations.
- For the clinical teaching program, the department lacks a clinical coordinator who goes into the field, observes student in off-campus clinical practica, and follows the students closely. Currently, there are several faculty members who supervise at these sites in addition to their many other academic and clinical obligations; they are clearly overloaded.
- Teaching assistants (TAs) who improve the quality of teaching are needed for increasing the number of written assignments and clinical reports. This will improve students' integrative knowledge and insights. TAs have been

eliminated from the program due to budgetary cuts and should be restored as soon as possible.

- The addition of a clinical professor tenure track could help in attracting faculty that divide their time between clinical work and research and cannot reach the academic standards of research track faculty.

## **9. Research**

The faculty members have a substantial publication record, which is impressive in view of the youth of the program. There is considerable scholarship as reflected by the number of grants submitted and proportions awarded. The grantsmanship in the department is reflected in a five-year record of awards from the National Institute for Psychobiology in Israel, the German-Israel Foundation for Scientific Research and Development, the Israel Science Foundation (ISF), the Bi-national Science Foundation (BSF), the National Institutes of Health (NIH), as well as governmental and foundation support. The number of ISF grants is noteworthy.

There are grants and lines of research in both speech-language pathology and audiology. These projects entail basic science and normal development topics (e.g., “Infrastructure for linguistic research: documentation of earliest language change”; “Online influences of stimulus relevance and stimulus context on human brainstem encoding of speech”) and applied or disorder-related studies (e.g., “Brain plasticity induced by auditory training and fitting of hearing aids in hearing impaired individuals”). In addition, the grant activity reflects the participation of several senior faculty members, either singly or in collaboration. Faculty members nonetheless state that they are constrained in their productivity due to their heavy teaching load and absence of support (either teaching assistants or release time when a grant is awarded).

As yet, the department is not approved to sponsor Ph.D. students, so those who wish to pursue doctoral studies in Communication Sciences and Disorders must formally be candidates in other departments. There is recognition of this problem and a plan to propose to offer a doctorate from within the department in the future.

### **Recommendations:**

- The committee commends the department for its grantsmanship to date and recommends that faculty members continue to submit competitive grants and to maintain a high level of scholarship.
- Seek methods to improve the faculty’s time commitment and balance of teaching and research. In this regard, funding for TAs or released time should be considered by the CHE and the University of Haifa to support this very active and ambitious faculty.
- As a research University - proceed with application for doctoral program when the department considers itself ready.

## **10. Infrastructure**

The department is located in a tower with academic offices separated from teaching and clinical space. The faculty at both the junior and senior levels share offices; the sole exception is for full professors. This sharing is an impediment to writing for grants, preparing publications, and meeting with students in privacy.

The clinical space is sufficient and well equipped. There are rooms dedicated to research contiguous with the clinical space. The research space and equipment are in active use and appear well suited to the research program. There has historically been some difficulty in obtaining repairs for equipment, especially the student-use audiometers, which are reportedly broken for extended time periods. Thus, there is a need for a more formalized, rapid, and responsive method for obtaining equipment repairs. These repairs reflect on both patient care and training priorities. There are also insufficient toys for therapy sessions.

There are impediments to teaching that have reflected budgetary constraints at the University. Photocopying is severely limited or non-existent. Minor supplies, such as bulbs for projectors, are unavailable and often not replaced for extended time periods. These factors have a direct, tangible impact on teaching.

Due to budgetary concerns, there is hesitation to request new equipment and software. One area that is developing rapidly is augmentative and alternative communication (AAC) devices. This focus requires updating in terms of equipment and software for training and research purposes.

### **Recommendations:**

- The department's academic space is insufficient. Additional offices should be provided to allow this very active faculty to be as productive as possible and to maintain confidentiality during student meetings.
- Maintenance contracts for equipment should be negotiated and require rapid turnaround of any repair request. This pertains to both clinical and training equipment.
- The supplies entailed in photocopying and projection should be maintained in adequate quantity so that there are no breaches in the flow of class presentation. The department should maintain a back-up of such supplies that can be replenished by the university as needed.
- A review of needs within the department should be conducted to include new needs, such as AAC devices, software, and clinical materials for therapy.

## **11. Self-evaluation Process**

The current rector and dean had not been involved in the writing of the SER to the CHE because both are new in their positions. The committee's impression is that the department has a culture of self-evaluation for continuous quality improvement and a vision for the future. It is important for administrators to be informed of the department's concerns and for administrators to be supportive and communicate in a transparent way with the department.

### **Recommendations:**

- Include all faculty and administrators in future self-evaluation procedures, follow-up strategic planning, and implementation for programmatic improvements.

## **12. General Recommendations and Timetable**

The University of Haifa's Department of Communication Sciences and Disorders offers an intense program of study in communication sciences and disorders. The review committee was impressed by the involvement of the full-time faculty and the commitment to the students by all of the faculty members we met.

The recommendations that have been listed above have different priorities. We suggest that the approach to addressing these recommendations be viewed as near-term, intermediate term, and long-term goals. To summarize the recommendations according to this prioritization, we reiterate the goals below.

### **Near-term [0-2 years]:**

- Improve documentation of practicum hours. The review committee considered this an urgent priority.
- Address the practicum crisis through coordinated efforts among the accredited and non-accredited programs. The committee was informed that a report has been presented to the CHE regarding analysis of this problem. It is necessary that this problem be confronted in a unified approach across programs. Accredited and non-accredited programs should come to an agreement concerning solutions that are reasonable for all parties.
- Develop a more comprehensive and sensitive system for evaluation of students' practicum in both speech-language pathology and audiology.
- Consider the addition of a clinical professor tenure track; this could help in attracting faculty members who divide their time between clinical work and research and cannot reach the academic standards of research track faculty.
- Immediately begin discussions about restructuring the program (such as separate tracks in the BA, pre-professional BA leading to focused masters, or combined bachelor-masters program, as described above).

- Review coursework to ensure that all coursework contains sufficient and current clinically relevant information, especially in audiology.
- Address unrepresented areas in the curriculum, including swallowing and feeding, voice and laryngectomy care, pediatric audiology, aural rehabilitation, stuttering, and hearing aids.
- Encourage faculty members to use a variety of formative and summative assessment methods in classes and not rely so heavily on multiple-choice final examinations.
- Selectively use private venues for student placement and access to governmental agencies, such as autism centers.
- Cap or reduce the number of admitted/enrolled students to maintain a comfortable class size and opportunities for individual practicum placements and supervision.
- Recruit faculty in audiology, pervasive developmental disorders (PDD) and autism, swallowing, stuttering, and neurogenic disorders. Hire at least one Arabic speaking faculty member since many students in the program are native Arabic speakers and the clinical teaching program includes large Arabic speaking populations.
- Reintroduce teaching assistants to improve the quality of teaching.
- Maintain an adequate quantity of supplies needed for photocopying and projection so that there are no breaches in the flow of class presentations. The department should maintain a back-up of such supplies that can be replenished by the university as needed.
- Negotiate maintenance contracts for equipment. Require rapid turnaround of any repair request.
- A review of needs within the department should be conducted to include new needs, such as AAC devices, software, and clinical materials for therapy.
- Improve communication between university administration and the department.
- Consider using a department-based evaluation form in addition to or in place of current evaluation.

**Intermediate-term [3-5 years]:**

- Recruit a clinical coordinator who goes into the field, observes the sites of clinical practicum and follows the students closely.
- Continue to submit competitive grants and to maintain a high level of scholarship.
- Seek methods to improve the faculty's time commitment and balance of teaching and research.
- Proceed with development of a quality doctoral program when the department considers itself ready.
- Review needs within the department to include improvements in AAC devices and software.

- The department's academic space is insufficient. Provide additional offices to allow this very active faculty to be as productive as possible and to maintain confidentiality during student meetings.
- Continue the organized mechanism for self-assessment begun by the CHE. Continue to review the plans outlined by the department and, if implemented, reported to the CHE.
- Include all faculty and administrators in future self-evaluation procedures, follow-up strategic planning, and implementation for programmatic improvements.

**Long-term [6 years and beyond]:**

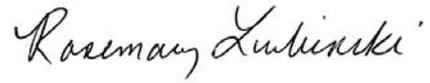
- Revamp space overall to improve utilization of space for faculty's academic and research needs, with a taking into account optima proximity of offices to corresponding functions.

**Signed by:**



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Prof. Jaclyn Spitzer



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Prof. Rosemary Lubinski



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Prof. Deena Bernstein



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Prof. Miriam Faust



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Prof. Brooke Hallowell

## Appendix 1: Letter of Appointment



February, 2011

שר החינוך  
**Minister of Education**  
وزير التربية والتعليم

Prof. Jaclyn Spitzer  
Department of Otolaryngology, Head & Neck Surgery  
Columbia University  
USA

Dear Professor Spitzer,

The State of Israel undertook an ambitious project when the Israeli Council for Higher Education (CHE) established a quality assessment and assurance system for Israeli higher education. Its stated goals are: to enhance and ensure the quality of academic studies; to provide the public with information regarding the quality of study programs in institutions of higher education throughout Israel; and to ensure the continued integration of the Israeli system of higher education in the international academic arena. Involvement of world-renowned academicians in this process is essential.

This most important initiative reaches out to scientists in the international arena in a national effort to meet the critical challenges that confront the Israeli higher educational system today. The formulation of international evaluation committees represents an opportunity to express our common sense of concern and to assess the current and future status of education in the 21<sup>st</sup> century and beyond. It also establishes a structure for an ongoing consultative process among scientists around the globe on common academic dilemmas and prospects.

I therefore deeply appreciate your willingness to join us in this crucial endeavor.

It is with great pleasure that I hereby appoint you to serve as the Chair of the Council for Higher Education's Committee for the Evaluation of Communication Disorders Studies.

The composition of the Committee will be as follows: Prof. Jaclyn Spitzer (Chair), Prof. Deena Bernstein, Prof. Miriam Faust, Prof. Brooke Hallowell and Prof. Rosemary Lubinski.

Ms. Yael Franks will coordinate the Committee's activities.

In your capacity as the Chair of the Evaluation Committee, you will be requested to function in accordance with the enclosed appendix.

I wish you much success in your role as chair of this most important committee.

Sincerely,

Gideon Sa'ar  
Minister of Education,  
Chairperson, The Council for Higher Education

*Enclosures:* Appendix to the Appointment Letter of Evaluation Committees

cc: Ms. Michal Neumann, The Quality Assessment Division  
Ms. Yael Franks, Committee Coordinator

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## **Appendix to the Letter of Appointment for Evaluation Committees (Study Programs)**

### **1. General**

On June 3, 2003 the Council for Higher Education (CHE) decided to establish a system for quality assessment and assurance in Israeli higher education, which came into effect in the academic year of 2004-2005. Within this framework, study-programs are to be evaluated approximately every six

The main objectives of the quality assessment activity are:

- To enhance the quality of higher education in Israel;
- To create an awareness within institutions of higher education in Israel to the importance of quality evaluation and to develop an internal culture of self-evaluation, as well as the required mechanisms;
- To provide the public with information regarding the quality of study programs in institutions of higher education throughout Israel;
- To ensure the continued integration of the Israeli system of higher education in the international academic arena.

**It is not the CHE's intention to rank the institutions of higher education according to the results of the quality assessment processes. The evaluation Committee (hereinafter "Committee") should refrain from formal comparisons.**

### **2. The Work of the Evaluation Committee**

2.1 The Committee shall hold meetings, as needed, before visiting the institution, in order to evaluate the material received.

2.2 The Committee shall visit the institutions and the academic units being evaluated – if possible - within 4-6 months of receiving the self-evaluation reports. The purpose of the visit is to verify and update the information submitted in the self-evaluation report, clarify matters where necessary, inspect the educational environment and facilities first hand, etc. During the visit, the Committee will meet with the heads of the institution, faculty members, students, alumni, administrative staff, and any other persons it considers necessary.

2.3 The duration of the visits (at least one full day) will be coordinated with the chairperson of the Committee.

2.4 Following the visit, the Committee will submit the CHE with:

1. A final report on each of the evaluated departments,
2. A general reports on the state of the discipline in the Israeli higher education system. The general report will include recommendations to the CHE for standards and potential state-wide changes in the evaluated field of study.

2.5 The reports will be sent to the institutions and the academic units for their response.

2.6 The reports and Committee's findings will be submitted to the CHE and discussed within its various forums.

### **3. Conflict of Interest Policy**

3.1 In order to avoid situations that may question the credibility and integrity of the evaluation process, and in order to maintain its ethical, professional and impartial manner, before issuing their Letter of Appointment members and chairperson of the evaluation Committee will sign a Declaration on Conflict of Interest and Confidentiality.

3.2 In the event that a member of the Committee is also a current or former faculty member at an institution being evaluated, he/she will not take part in any visits or discussions regarding that institution.

### **4. The Individual Reports**

4.1 The final reports of the evaluation Committee shall address every institution separately.

4.2 The final reports shall include recommendations on topics listed in the guidelines for self-evaluation, including:

- The goals, aims and mission statement of the evaluated academic unit and study programs
- The study program
- The academic faculty
- The students
- The organizational structure
- Research
- The broader organizational structure (school/faculty) in which the academic unit and study program operate
- The infrastructure (both physical and administrative) available to the study program
- Internal mechanisms for quality assessment
- Other topics to be decided upon by the evaluation Committee

### **5. The Recommended Structure of the Reports**

#### ***Part A – General background and executive summary:***

5.1 General background concerning the evaluation process; the names of the members of the Committee and its coordinator; and a short overview of the Committee's procedures.

5.2 A general description of the institution and the academic unit being evaluated.

5.3 An executive summary that will include a brief description of the strengths and weaknesses of the academic unit and program being evaluated.

#### ***Part B – In-depth description of subjects examined:***

5.4 This section will be based on evidence gathered from the self-evaluation report and the topics examined by the Committee during the site visit.

5.5 For each topic examined, the report will present a summary of the Committee's findings, the relevant information, and their analysis.

***Part C –Recommendations:***

5.6 This section will include comprehensive conclusions and recommendations regarding the evaluated academic unit and the study program according to the topics in part B.

5.7 Recommendations may be classified according to the following categories:

- ***Congratulatory remarks and minimal changes recommended, if any.***
- ***Desirable changes recommended*** at the institution's convenience and follow-up in the next cycle of evaluations.
- ***Important/needed changes requested for ensuring appropriate academic quality*** within a reasonable time, in coordination with the institution (1-3 years)
- ***Essential and urgent changes required, on which continued authorization will be contingent*** (immediately or up to one year).
- ***A combination of any of the above.***

***Part D - Appendices:***

5.8 The appendices shall contain the Committee's letter of appointment and the schedule of the on-site visit.

**6. The General report**

In addition to the individual reports concerning each study program, the Committee shall submit to the CHE a general report regarding the status of the evaluated field of study within the Israeli institutions of higher education. The report should also evaluate the state and status of Israeli faculty members and students in the international arena (in the field), as well as offer recommendations to the CHE for standards and potential state-wide changes in the evaluated field of study.

**We urge the Committees to clearly list its specific recommendations for each one of the topics (both in the individual reports and in the general report) and to prioritize these recommendations, in order to ease the eventual monitoring of their implementation.**

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**Appendix 2: Site Visit Schedule**

**Monday, May 16, 2011**

| <b>Time</b> | <b>Subject</b>  | <b>Participants</b>  | <b>Room / Location</b> |
|-------------|---|--|------------------------|
| 11:00-11:30 | Opening session with the heads of the institution and the senior staff member appointed to deal with quality assessment | <b>Prof. David Faraggi</b> , Rector<br><b>Prof. Batia Laufer</b> , Vice Rector<br><b>Prof. Shai Linn</b> , Dean of the Faculty of<br><b>Ms. Ruchama Elad-Yarum</b> , Assistant to the Vice-Rector<br><b>Ms. Michal Daloya</b> , Office of the Rector |                        |
| 11:30-12:15 | Meeting with the Dean of the Faculty of Social Welfare and Health Sciences  | <b>Prof. Shai Linn</b> , Dean of the Faculty of Social Welfare and Health Sciences   |                        |
| 12:15-13:00 | Meeting with the academic and administrative heads of the Department of Communication Disorders & Sciences              | <b>Prof. Joseph Attias</b> , Head of the Department of Communication Disorders and Sciences<br><b>Ms. Miri Mualem</b> , Administrative assistant to department head<br><b>Ms. Shirley Tal</b> , Coordinator of clinical studies                      |                        |
| 13:00-13:45 | Lunch (in the same room)  |  |                        |
| 13:45-14:30 | Meeting with alumni and M.A. students   |  |                        |
| 15:15-14:30 | Meeting with senior faculty and representatives of relevant committees*   | Dr. Bracha Nir<br>Dr. Irit Meir<br>Dr. Karen Bnai<br>Dr. Rachel Yifat<br>Dr. Rafi Shemesh<br>Prof. Shimon Sapir<br>Dr. Tali Bitan  |                        |
| 15:15-16:00 | Meeting with clinical supervisors   | Dr. Rafi Shemesh<br>Dr. Ravit Cohen Mimran<br>Ms. Edna Kubi<br>Ms. Ruti Reiner<br>Ms. Sharon Fridman<br>Ms. Sharon Korona  |                        |
| 16:00-16:45 | Closed-door working meeting of the committee  |  |                        |

**Tuesday, May 17, 2011**

| Time        | Subject   | Participants   | Room / Location |
|-------------|---|--|-----------------|
| 08:30-09:15 | Meeting with adjunct academic faculty*  | Dr. Judy Kupersmitt<br>Ms. Limor Lavie<br>Dr. Michal Biran<br>Ms. Sagit Davidson<br>Dr. Tal Lebel  |                 |
| 09:15-10:00 | Meeting with BA students**  |  |                 |
| 10:00-11:15 | Tour of campus (classes, library, offices of faculty members, computer labs etc.) | Visit in the Interdisciplinary Clinical Center accompanied by Dr. Karen Banai and Ms. Rut Reiner<br>Visit in the Library accompanied by Dr. Rachel Yifat   |                 |
| 11:15-12:30 | Lunch and Closed Door Working Meeting of the Committee (in the same room)         |  |                 |
| 12:30-13:15 | Summation meeting with heads of department and institution                        | <b>Prof. David Faraggi</b> , Rector<br><b>Prof. Batia Laufer</b> , Vice Rector<br><b>Prof. Shai Linn</b> , Dean of the Faculty of Social Welfare and Health Sciences<br><b>Prof. Joseph Attias</b> , Head of the Department of Communication Disorders and Sciences<br><b>Ms. Ruchama Elad-Yarum</b> , Assistant to the Vice-Rector<br><b>Ms. Michal Daloya</b> , Office of the Rector |                 |

\*The heads of the institution and academic unit or their representatives will not attend these meetings.

\*\*The visit will be conducted in English with the exception of students who may speak in Hebrew and anyone else who feels unable to converse in English.